V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28257

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 129

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodlawn Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Clifton Hill 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Ira Raleigh Potter

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy M. Potter

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 5 (Month) 16 (Day) 1866 (Year)

8. AGE: Years 79 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Cleindra (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Ralph P. Potter
13. Birthplace Dark Knob (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ellen Shelly
15. Birthplace Dark Knob (City, town, or county) 9 (State or foreign country)

16. (a) Informant Maya Shores
(b) Address Clifton Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Leda Thompson
(b) Address Madison Mo

19. (a) 7/9/45 (Date received local registrar) (b) Irma Kane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1945 hour 325 minute P M.

21. I hereby certify that I attended the deceased from June 29, 1945, to July 7, 1945; that I last saw him alive on July 7, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Nephritis	?
Due to Unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 130	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) 0

Address Moberly, Mo. Date signed 7/7/45

1086

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-45-1280
Date Filed AUG 16 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Mrs Leo A. Vierenbaum

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.